

## PART B - FEE(S) TRANSMITTAL

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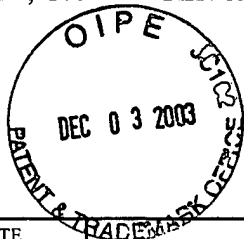
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26345

7590

10/02/2003

GIBBONS, DEL DEO, DOLAN, GRIFFINGER &  
VECCHIONE  
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NEWARK, NJ 07102-5497

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Gina T. Cassar	(Depositor's name)
<i>Gina T. Cassar</i>	(Signature)
December 1, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/067,436	02/05/2002	Matthew R. Martin	BIO-3.2.019/4215	7565

TITLE OF INVENTION: RADIOPHARMACEUTICAL PIG OF TWO SECTIONS THAT ENABLES ONE SECTION TO TURN RELATIVE TO THE OTHER SECTION WITHOUT THE NEED TO MANUALLY GRASP THE OTHER SECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	01/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HUGHES, JAMES P	2881	250-515100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 GIBBONS, DEL DEO,  
2 DOLAN, GRIFFINGER  
& VECCHIONE  
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

BIODEX MEDICAL SYSTEMS, INC.

SHIRLEY, NEW YORK

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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4b. Payment of Fee(s):

☒ Issue Fee☒ A check in the amount of the fee(s) is enclosed.☒ Publication Fee☐ Payment by credit card. Form PTO-2038 is attached.☒ Advance Order - # of Copies TEN (10)☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment Deposit Account Number 03-3839 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

*Robert J. Hess* (Date)

Robert J. Hess (Reg 32,139) 01 DEC 2003

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01 FC:2501

665.00 OP

02 FC:1504

300.00 OP

03 FC:8001

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